

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/527744

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		3		1		
9		3		1		
10		3		1		
11		3		1		
12		3		1		
13		1		1		
14		1		1		
15		1		1		
16		1		1		
17		2		1		
18	1		1			
19		1		1		
20		1		1		
21		3		1		
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26		3		1		
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TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		←	32	←		←
TOTAL CLAIMS			34			

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						